U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7/25 98	2. Fiscal Year Covered From:				
· · · · · · · · · · · · · · · · · · ·	Street-by Assessment A				
y	1 / 1 / 2004 Through: 12 / 31 / 2004				
Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Jerry W Thornsberry	Name Millwrights & Machin. Erectrs Local No. 1519				
	Labor Organization File Number 537313				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 217 Birch Hollow	Street 1910 County Road 1				
City Portsmouth	City South Point				
State Ohio ZIP Code + 4 45662	State Ohio ZIP Code + 4 45680				
5. Position in labor organization.					
,					
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount				
Street					
City					
State ZIP Code + 4					
Sigi	nature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Jerry W Thornsberry	On <i>Aug 13. 05</i> 740 776-0063 Date Telephone Number				
	r Date Telephone Number				

Name of Person Filling Jerry Thornsberry	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Construction Industry Health and Welfare Pla Trade Name, if any: for Millwrights Local No. 1519 P.O. Box, Bldg., Room No., if any Street 333 W. Vine Street, Suite 500 City Lexington State Kentucky ZIP Code +4 40507	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 0 h, or 0 o is shooked give trust or any lawyed and	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trustee reimbursement for attendance at Trustee Meeting held February 19, 2004.
Street	11.b. Approximate dollar value of such dealing. \$17
City	11.b. Approximate dollar value of such dealing. \$17 12.a. Nature of interest held or income received.
State ZIP Code + 4	Reimbursement for one half of mileage expense at .375 per mile to attend February 2004 Committee Meeting.
	12.b. Amount. \$17
	12.b. Amount. \$17
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	The state of the s
City	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Jerry Thornsberry	File Number U-
1	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Millwrgts & Mach. Erctrs Local 1519 Annuity	a. Labor Organization	
Trade Name, if any:	Personage and	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 333 W. Vine Street, Suite 500	c. Employer	
City Lexington		
State Kentucky ZIP Code + 4 40507		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Trustee reimbursement for attendan Meeting held February 19, 2004.	ce at Trustee
Trade Name, if any:		or and a second
P.O. Box, Bldg., Room No., if any		
Street		
City		10000000000000000000000000000000000000
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$17
	12.a. Nature of interest held or income received.	
	Reimbursement for one half of mile	
	at .375 per mile to attend Februar Meeting.	y 2004 Committee
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		School de Anna Contractor de C
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	12.b. Amount.	\$17

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TOTAL. EV. VALUE \$120.00				
PRICE PER SUITE TICKET FOODIBEV \$20.00 \$0.00				
# OF TICKETS		,		
LABORNATIONAL ACCOUNTS ENTERTAINMENT JANUARY 1, 2004 THROUGH DECEMBER 31, 2004 EVENT ANTENDES COMPANY NAME - CHEST NAME MINWIGHTS Local 1519 - Jeny Thomsdeny				
LABORNATIONAL ACCOUNTS ENTERTA JANUARY 1, 2004 THROUGH DECEMBER RVENT ATHENDEES COMPANY NAME - GLEST NAME MIRWIGHIS Local 1519 - Jerry Thomsberry		1.		
LAB JANI TICKET LOCATION GABP 108 Milliwis				
EVENT NAME				
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